Emergency services in Inspires oil Delhi

1172. SHRI VIRENDRA KATARIA: WiU the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the quality of emergency services in Delhi hospitals is belo$_w$ standard' on account of the load which is anprmpus-in large hospitals and the system cannot cope with it the way it should;

: {b) whether it is a fact that, life saving' equipments are either lacking or out of order and specialists are not available at the time of need; and

(c) what are the details of the report of one man. inquiry committee of Dr. Balu Shankaran, former Director General of Health Services in this regard and what action Government are taking to improve "the emergency services in Delhi hospitals?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE tDR. C. SILVERA): (a) and (b) No, Sir.

(c) The enquiry has covered the hospitals under the Government of National Capital Territory of Delhi and the private hospitals in Delhi. Its main findings are:—

(1) Delhi has one bed for about 465 persons, which is equivalent to the bed population ratio in developed
countries and is nearly twice the national target for 2000 AD.

(2) The heds in public hospitals and most private hospitals are con centrated in certain parts of the city resulting in over-crowding particularly in public hospitals like the Hospitals LNJP Hospital.

(3) A sizeable number of patients', particularly fo$_r$ emergency treatment, come from outside Delhi and use about J of the available beds.

(4) The hospitals facilities are grossly inadequate in Western, northern and trans-Yemuna areas, where private nursing homes, are increasingly coming up.

(5) The standard of emergency care varies: ..a great deal from hospital to hospital. The private hospitals, which were inspected, show reasonably good management of emergency services.

The-, main recommendations of the enquiry report are:—

(i).AU hospitals with 2.50 or more beds must have an independent emergency, and casualty Department' under a senior specialist or senior consultant.

.(ii).AU hospitals where: a single speciality i$_s$ practised should have an emergency Department in . that speciality.

(iii) AH patients who are examined 'in the .Casuality should have complete record, including triage classification and Glassgow coma scale..

(iv) There should be a properly equipped ICU under the Department of Anaesthesia in every 100 bedded hospital.

(v) All hospitals must be adequately equipped as per the list proposed by WHO.

(vi) All 100 bedded hospitals under the Government of the NCT of Delhi shorrld be made fully functional and all hospitals must have two functional ambulances.

(vii) As training of all personnel in the hospitals is fundamental, particularly in cardiopulmonary resuscitation, the services of International . Red Cross and St, Johns Ambulance could be utilised for such training' Resncita-tion techniques must be available in all ambulances.

The Government of the NCT of Delhi has directed all the hospitals to implement the recommendations of the Report. The emergency services in the Central Govt, hospitals are constantly monitored and. unoroved,